

CFBHPPC  
SA Workgroup Recommendations  
March 3 and March 14, 2005

**1. FUNDING Recommendations**

**A. Adolescent Services**

- 1) State Adolescent SA Coordinator Position within OCFS effective
  - i. July 1, 2006 if Adolescent Infrastructure grant is not funded
  - ii. July 1, 2008 to sustain position if grant is funded
- 2) Residential substance abuse treatment program for adolescents with a substance use or co-occurring disorder
- 3) Medicaid funding for IOP and residential (depending on how the EPSDT services are developed this may already be covered)

**B. Substance Exposed Infants**

- 1) Medicaid reimbursement for *behavioral health screening*. Pregnant and parenting women who use substances, have a mental health disorder or who experience sexual assault or domestic violence place their children "at risk" for adverse consequences in utero and postnatally. A separate reimbursement to conduct a *behavioral health screening* provides additional incentive to medical providers to conduct a standardized screening on all women regarding mental health (including depression), substance use, sexual assault, and domestic violence and refer those in need to the appropriate services.

**2. Recommendations for Unfunded Activities**

**A. Substance Exposed Infants**

Virginia legislation requires that: 1) pre-natal care providers screen all pregnant women regarding licit and illicit substance use (54.1-2403.1) 2) delivering physicians report substance exposed newborns to child protective services (63.2-1509) and 3) hospitals refer identified postpartum substance using women to their CSB for services. Despite these 3 pieces of legislation, few substance-using women are identified and referred to treatment during their pregnancy or at the time of delivery.

Greater efforts are needed to inform both the public and service providers regarding the risks of maternal substance use, the benefits of treatment and the need for services to be coordinated across systems. A substance abuse sub workgroup should be created within CFBHPPC tasked with addressing the service delivery needs of substance-exposed infants as well as substance using

youth and their families.

All state level interagency workgroups that address the needs of young children should routinely address the treatment and service needs of substance exposed children and their caretakers. Child welfare, early intervention, education and substance abuse workgroups must be aware of and address linkages between their respective services in order to ensure service coordination and seamless transition as child ages out of certain services and

into others. It is also critical that these same workgroups are knowledgeable about and address all state and federal mandated services e.g. Child Abuse Prevention and Treatment Act (CAPTA), the Adoption and Safe Families Act (ASFA), Virginia's Program Improvement Plan (PIP), the Women's Set aside of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) which impact on the population they serve and ensure that appropriate cross training is provided to providers as indicated.

All public and private pre-natal care providers should be trained regularly and routinely regarding perinatal substance use. Child welfare, early intervention, mental health and substance abuse providers who work with this population require similar training. Training needs to include information regarding the legislation as well as the prevalence of perinatal substance use, co-occurring mental health and behavioral health concerns, screening (preconception and throughout pregnancy), and where and how to refer a woman for treatment. Training should be mandated by each discipline, and/or profession involved and provided by the entity responsible for their respective training. Training opportunities include Virginia Summer Institute for Addiction Studies (VSIAS), regional perinatal council (RPC) trainings, Virginia Interagency Coordinating Council (VICC), Virginia Institute for Social Service Training Activities (VISSTA), Mid-Atlantic Technology Transfer Center (Mid-ATTC )etc

Resources and services for the treatment of perinatal addiction as well as services for substance exposed infants should be identified and made available to providers and the public. Family advocacy groups need to outreach these families. In the future, a media campaign would serve to raise public awareness regarding the risks of maternal substance use and how to access treatment.

## **B. Adolescent Substance Abuse**

A previously noted, a substance abuse workgroup needs to be created to address the provision of and access to adolescent substance abuse treatment and which will serve in an advisory capacity to CFBHPPC. If the adolescent infrastructure grant is funded in 2005, this workgroup would serve as the basis for the interagency workgroup outlined in the application for that grant.

Virginia should adopt and promote routine, integrated substance abuse and mental health screening and assessment of youth. CAPAS, the assessment instrument currently required by CSA and the CSBs, does not adequately screen for substance use nor does it provide needed outcome measures. Instruments and tools that can be used across systems to screen, assess and measure outcomes need to be identified and promoted. Training and supervision regarding the use of these instruments also need to be provided at regular intervals. Funding to support costs associated with application of these instruments needs to be supported by the state. With input from CSAT, a local university or another entity with expertise in this area, the substance abuse workgroup will identify an implementation plan that is both cost and clinically effective.

Additional activities for the interagency substance abuse workgroup to address in the coming year include workforce development, funding of services, documentation, information sharing between agencies as well as strategies to support the development of school based services. Virginia lacks specialized substance abuse treatment services for youth IS -21 that meet their unique developmental needs. The workgroup needs to develop strategies that will encourage communities to place greater priority on serving this population and develop appropriate substance abuse treatment and support services as well as independent living arrangements.